

Strategic Plan

The Survivors AccessAbility Partnership

**SAN DIEGO
2019**



This project was supported by grant No. 2017-FW-AX-K005 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Table of Contents

Introduction	3
Collaborative Members and their Organizations	4
Overview of Planning Phase.....	6
Vision and Mission.....	7
Description of Needs Assessment	7
Purpose and Use of Information	8
Methodology Strength and Challenges.....	8
Data Analysis and Key Findings	9
Key Finding #1	9
Key Finding #2.....	10
Key Finding #3.....	11
Key Finding #4.....	11
Key Finding #5.....	12
Key Finding #6.....	13
Key Finding #7.....	13
Key Finding #8.....	14
Strategic Planning Process	15
Strategic Planning Initiatives	16
Initiative #1	16
Initiative #2	20
Initiative #3	24
Long Term Initiatives	27
Initiative #1	27
Initiative #2	28
Conclusion	29
ANNEX	30

ACRONYMS:

ASL	American Sign Language
CCS	Center for Community Solutions
D/HH	Deaf/Hard Hearing/Late Deafened/Deaf Blind
DCS	Deaf Community Services
DV	Domestic Violence
IDD	Intellectual and Developmental Disability
IPV	Intimate Partner Violence
OVW	Office on Violence Against Women
POC	Points of Contact
SA	Sexual Assault
SDRC	San Diego Regional Center
TA	Technical Assistance
VERA	Vera Institute of Justice

Introduction

In San Diego, 9.7% of the population are persons living with one or more disabilities.¹ According to Disability Rights California, a partner of San Diego Regional Center, 50% of persons with intellectual and developmental disabilities are victims of Intimate Partner Violence (IPV) and Sexual Assault (SA) at some point in their lives. Moreover, Deaf/Hard of Hearing (D/HH) persons are 1.5 times more likely to be victims of DV or SA.²

With the support of the Office on Violence Against Women Disability Grant, coordination among three service organizations, the Center for Community Solutions (CCS), San Diego Regional Center (SDRC) and Deaf Community Services (DCS), resulted in the establishment of a partnership that shares the same values and vision, and aims to enhance services through inclusiveness and complementation of roles.

The ultimate aim of the partnership is to enhance appropriate service provision as well as increase accessibility to DV/SA survivors whom are D/HH or living with IDD in trauma-informed and culturally responsive ways that ensure equality and equity to all.

The Survivors AccessAbility Partnership (hereafter, referred to as “The Partnership”) is comprised of representatives from:

- **Center for Community Solutions (CCS)** - a nonprofit supporting survivors of sexual assault, domestic violence, dating violence, and/or stalking – as the lead agency.
- **San Diego Regional Center (SDRC)** - a nonprofit organization serving individuals with intellectual and development disabilities.
- **Deaf Community Services (DCS)** - a nonprofit organization serving individuals who are Deaf, Hard of Hearing, Late Deafened or DeafBlind.

¹ San Diego County, population percent estimates 2017

² Eight-year survey of college students at Rochester Institute of Tech.

Collaborative Members and their Organizations



Center for
Community Solutions
Hope, Healing and Prevention

Since 1969, Center for Community Solutions (CCS) has been marked by innovation, foresight, and dedication. CCS is known in San Diego for its high-quality services and prolonged commitment to systems change regarding sexual and domestic violence, using a survivor perspective. In fiscal year 2018, CCS served nearly 23,000 adults and children through intervention and prevention programs related to intimate partner and sexual violence.

CCS operates the only rape crisis center in the city of San Diego along with a countywide 24-hour bilingual (Spanish/English) crisis hotline. The non-profit agency also provides 24/7 forensic exam accompaniment, emergency domestic violence shelters, court accompaniment, as well as legal and counseling services for those affected by DV, SA, and stalking.

CCS also works with local community groups and schools to provide innovative prevention programs and promote healthy relationships. As part of The Partnership, CCS anticipates enhancing services to assist survivors who experience barriers to accessing services due to being D/HH and/or living with intellectual and/or developmental disabilities.



San Diego Regional Center (SDRC) was established in 1969 to support persons with intellectual and/or developmental disabilities (hereafter, IDD) and their families in locating and developing services and programs within their communities.

SDRC serves people living within the geographic boundaries of San Diego and Imperial counties. The organization is one of 21 regional centers supporting persons with IDD in the State of California, and is dedicated to serving and empowering persons with IDD and their families to achieve their goals with community partners.

Serving over 30,000 clients per year, SDRC is a focal point in the community for information and services for persons with IDD, which includes intellectual disabilities, cerebral palsy, epilepsy, autism, or other conditions requiring the

same type and support as someone with an intellectual disability. The primary goal of SDRC is to support services where each client is provided with opportunities to participate in everyday experiences and develop to their highest potential.



Deaf Community Services (DCS) is the only nonprofit organization in San Diego County specifically dedicated to serving the Deaf Community. DCS' mission is “to advocate, educate and serve as partners within our community to achieve full access and inclusion of, by, and for Deaf, Hard of Hearing, DeafBlind and Late Deafened people.”

DCS provides a variety of culturally and linguistically appropriate services that are matched to the individual's needs. Services include employment, literacy, behavioral health, counseling, drug and alcohol recovery, interpreting, advocacy, information and referral, community education, and youth and family programs.

Currently, DCS has partnerships with California State University at Northridge to provide family ASL classes and Deaf culture classes; Big Brothers and Big Sisters of San Diego for a youth mentor program; and Rescue Agency to provide an afterschool program to D/HH youth. This is in addition to other collaborations, including Center for Community Solutions and San Diego Regional Center, in an effort to provide inclusive and meaningful services.

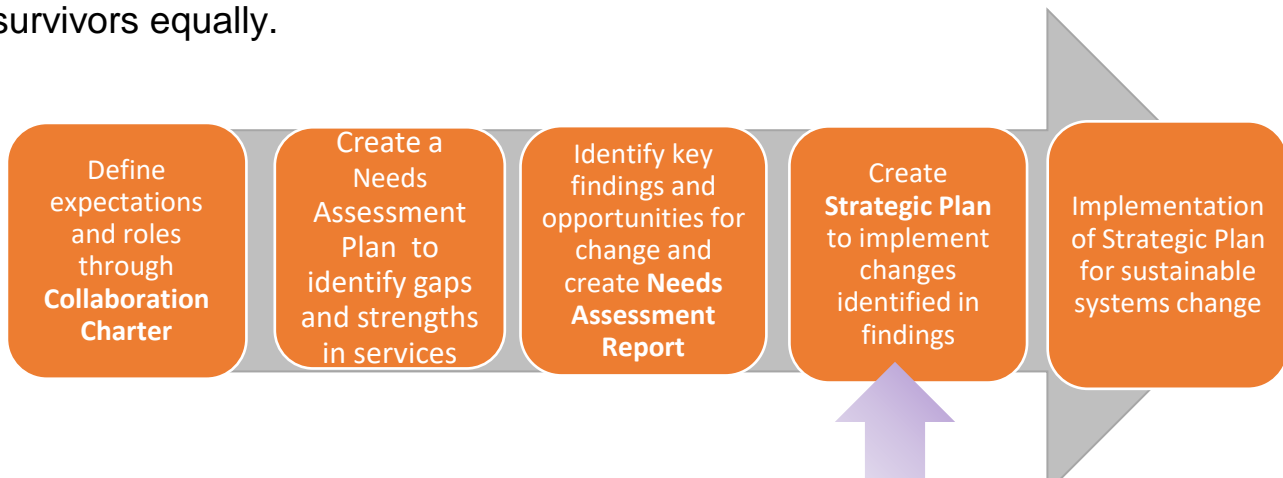
Overview of Planning Phase

In 2018, the planning phase began among The Partnership agencies, with an aim to better services in the three organizations to DV/SA survivors who are Deaf/Hard of Hearing or living with IDD.

The project requires specific deliverables: Collaboration Charter (approved August 2018); Focus Memo (Approved August 2018); Needs Assessment Plan (approved January 2019); the Key Findings/Needs Assessment Report (approved July 2019); and this Strategic Plan to help develop a relevant and responsive action plan to implement systemic change. The Partnership conducted an extensive Needs Assessment that included clients, staff, and executives of the three agencies to inform and enrich an inclusive action plan that responds to people's needs.

The Partnership, with support of the project's Technical Assistance (TA) provider, Vera Institute of Justice, extensively discussed and articulated the questions, procedures, and logistics, including consent forms, safety and accommodation, recruitment process, training, RSVPs, data collection, and confidentiality, to be used in conducting focus groups and interviews. As a result, eight Key Findings emerged, as outlined in a detailed Needs Assessment Report reflecting the outcomes of 154 clients, staff and leadership interviews. This report was approved by OVW in July 2019.

The current project's phase is the Strategic Plan. This plan will use the findings of the Needs Assessment Report to address the short- and long-term goals for sustainable procedural and systematic change. These changes will guide the collaboration to ensure better service delivery to all survivors equally.



Vision and Mission

The Survivors AccessAbility Partnership envisions all persons achieving complete self-determination without barriers or restrictions. It envisions a service delivery system that is responsive to different needs and is fully accessible to all survivors equally. The vision conceives an informed and supportive community in which every survivor is able to express their own choices freely and confidently.

The Partnership's mission is to create holistic change within each agency's culture to embrace and develop a responsive implementation plan that results in culturally-humble service provision to all survivors, regardless of societal/community barriers. Its aim is to create a collaborative service delivery system that can produce a positive and progressive impact in the lives of all survivors who are D/HH and/or living with IDD in San Diego County.

Description of Needs Assessment

The purpose of the Needs Assessment was to identify the gaps and potential improvements within The Partnership agencies' service capacity, commitment and delivery in order to achieve accessible, inclusive and responsive services for all DV/SA/stalking survivors who are D/HH and/or living with IDD.

In the Needs Assessment, practical information was gathered on existing policies, procedures, practices, knowledge, and attitudes at the three organizations that could support or hinder a survivor from accessing services or impact D/HH and/or individuals living with IDD who have experienced, or are at heightened risk for DV and SA. Collecting information from program participants, staff, supervisors, and leadership informed the strengths and areas in need of improvement at the organizations.

Purpose and Use of Information

The Needs Assessment Report was shared with staff and leadership at all three collaboration organizations. It was also made available to individuals who engaged in the Needs Assessment. The collaboration believes that transparent and open communication is essential to support and create an environment of access and safety to best serve survivors whom are D/HH and/or living with IDD.

Therefore, this Strategic Plan was designed based on the actual needs as noted in each of the eight key findings. These findings will continue to guide the work and define the tasks undertaken. The collaboration has examined each gap and information with care and importance.

The plan developed is to be the bond that will fulfill the mission to enhance better delivery systems for serving individuals who are D/HH or living with IDD who have survived DV and/or SA. Ultimately, the Strategic Plan will ensure that all survivors will have equal access to responsive, supportive and compassionate services from the three organizations.

Methodology Strength and Challenges

During the Needs Assessment process, The Partnership focused on gathering information from agency clients and frontline service providers. This allowed a better understanding of the challenges faced by victims/survivors of DV/SA who are D/HH and/or living with IDD. In addition, it supported our ability to make progress toward enhancing The Partnership's performance moving forward.

The overarching strength of the whole Needs Assessment was the process itself. The Needs Assessment allowed the three organizations to know more about the services' strengths and challenges from the varied perspectives, including those of clients, staff and executives.

Within that process, several aspects surfaced that worked well and other aspects noted that didn't work for both clients and staff. Though not directly part of the findings nor the project scope, these points surfaced during the process and it is critical they are highlighted. For example, although

information was gathered in the preferred language of clients, using professional interpreting when needed, a few participants asked if the interview questions could be shared prior to the groups or interviews. In addition, during the recruiting process, clients shared challenges such as childcare and transportation that could have prevented their participation in the Needs Assessment. Without the support of the team in providing on site children activities and transportation assistance, clients would not have been able to join the groups. The gift cards provided for participation proved to be a useful incentive as well, and confirms the value of paying survivors for the time and effort they take to share their lived-experience knowledge.

Data Analysis and Key Findings

The data collection process was a massive exercise for the three organizations. The different survey methods required in-depth analysis to link the information reflective of the goals.

Themes emerged as the comments from the first interviews and focus groups were organized. In total, the collaboration conducted 14 groups in addition to individual interviews and online surveys. A total of 154 individuals were surveyed during the Needs Assessment.

Participants mentioned many strengths about the organizations and services, including understanding and empathy, cooperation between agencies, excitement about The Partnership's work, and the enthusiasm for its sustainability and expansion in scope. While many of the themes overlapped and intertwined throughout the various groups and levels of leadership, eight key findings emerged.

Key Finding #1

Engaging clients with empathy and understanding is necessary for clients to access and utilize available services and supports.

On this Key Finding, notable strengths repeated throughout the focus groups and interviews included clients experiencing empathy and understanding during service engagement.

Concepts of trauma-informed care were also noted, including the importance of maintaining an environment that models healthy communication, trust, and safety for clients. It is worthwhile to mention that no needs assessment questions mentioned trauma-informed care, understanding, or empathy.

During most of the groups and interviews, survivors emphasized how they felt when staff put them at the center of attention, respected them, understood them, and surrounded them with kindness and empathy.

In addition, several staff at all three organizations confirmed how wonderful their supervisors are and how they felt supported by them. They emphasized that the qualities of understanding, flexibility, and empathy that their supervisors and co-workers share create a healthy and productive atmosphere for everyone.

Key Finding #2

Because some/many people do not know that what they are experiencing is abuse, they are not aware of or seeking available services.

Throughout the interviews, many clients of the DV/SA and the Deaf organizations shared that they were not aware that what they had been experiencing is/was abuse. Several survivors at both organizations mentioned that, only when they reached out to Center for Community Solutions and Deaf Community Services were they able to know that it wasn't their fault, and that they could heal and/or find hope.

Clients also shared that they didn't know about the DV/SA services in the first place. While some survivors indicated that they knew about D/HH and IDD services through the internet, others expressed that they did not know about the services of the DV/SA organization until they reached out to law enforcement, a forensic exam provider, or courts. Seeking information online was the primary strategy that clients mentioned when trying to find services; however, there were several recommendations from clients and staff for enhancing website accessibility.

Service coordinators seemed to be the focal point of everything for individuals with IDD. They were not so much aware of what DV/SA could

mean, but they were aware/familiar with the word “abuse.” Clients across the organizations also shared how difficult it is for them to find transportation and childcare when trying to access services.

Key Finding #3

Staff are unclear how to assess and respond to DV/SA survivors with intersectional needs, especially those who are newcomers¹ to San Diego.

Participants at all agencies, including staff, vendors, and executives, emphasized the importance of enhancing organizational capacities among The Partnership agencies to serve clients more holistically.

Examples include a better understanding of the services each organization provides, contact information and referral processes, clarification on mandatory reporting and release of information forms, and any associated limitations. The level of need varied with intersectionalities, such as gender, religion, sexual orientation, and the impact of culture and/or identity might have on a person’s experience and their comfort to disclose or seek help.

Through the groups and interviews, staff were also curious about how to support clients with varied immigration statuses, such as refugees, asylum seekers, and people who are undocumented. Staff members in all agencies repeatedly stressed the importance of training to support Deaf people and individuals living with IDD, especially in the areas of social skills, healthy sexuality, and relationships. Some of the staff, vendors, and interpreters at the three organizations reported that they felt they were not ready or equipped to respond to survivors who are Deaf or living with IDD, citing inadequate training, limited resources, and an unclear referral system.

Key Finding #4

There is delay in timely services, especially for clients living with IDD, due to assessment and eligibility practices.

One of the significant barriers to receiving services is the unclear referral system between the agencies in addition to systematic bureaucracy. This applies to The Partnership organizations and other community agencies involved in service provision, such as medical care providers and law enforcement. Both DV/SA staff members and IDD organization staff shared frustration because they were not able to find an alternative solution to support the survivor.

For example, one of the survivors living with IDD needed financial resources and transportation to the DV organization. Staff members found it challenging to know what to offer or how to support. Several survivors of DV/SA also shared their confusion and frustration about community services available. They mentioned that long lists of community-based organizations were confusing and not helpful for a person in crisis. Navigating through multiple places and systems, such as the courts or public benefits, while in crisis can be very difficult, particularly to someone impacted by trauma, living with IDD, or a Deaf/deaf person who needs an interpreter to communicate.

Key Finding #5

Language access barriers prevent engagement in services.

Although both federal and state laws support the right of effective communication to every person when accessing services, clients expressed considerable frustration because most of the providers do not provide ASL or spoken language interpreters.

Oftentimes, the client had to deal with the situation themselves, depend on family members or friends, or go without an interpreter. Clients noted being forced to accept the situation that no interpreters are available and bear the burden of the outcome regardless.

Deaf clients indicated that the lack of using sign language interpreters was a barrier to service for them. Multiple times they discontinued services, or never sought out a service, due to language barriers. A big take-away from our groups and surveys is that clients preferred in-person interpreters whether for spoken or sign languages.

Key Finding #6

Physical limitations and barriers surround accessibility.

Clients and staff shared several ADA-related concerns and suggestions for the collaboration. Although most of the clients at the three organizations mentioned that they felt welcomed, safe, and comfortable within the collaboration premises, they also gave examples where they did not feel comfortable or that the facilities were not adequately accessible and welcoming.

Clients shared how important the environment is, especially the lobbies and entrances, in creating a feeling of safety and accessibility. Clients appreciate being greeted, welcomed, and acknowledged when they arrive. Several clients living with IDD as well as some survivors mentioned that they did not like unpredictable, loud, busy, or noisy places, which may result in their decision not to seek or continue services, if it's not addressed.

If the physical facilities are not accessible to all clients equally, or if a service is not fully welcoming to a person because of their disability, then the services are not equally responsive. An empowering service delivery environment to both clients and staff is critical.

Key Finding #7

There is a lack of knowledge at all agencies about client rights and conservator/guardianship roles in the event of abuse/DV/SA.

In this Key Finding, the groups and interviews noted an immediate need for further understanding for all staff members about the role and scope of authority in guardianship. Without a clear understanding of the complexities of guardianship, and how it applies to individual clients, staff members could create barriers that restrict access to services or provide inconsistent information to clients with guardians.

Key Finding #8

Safety and confidentiality are unique to each individual and remain a high priority for people receiving services.

Although these factors vary from person to person, safety and confidentiality remain a concern and priority to all staff and clients. Individuals expressed varied interpretations of safety, and, at times, they contradicted each other.

The Partnership seeks to accommodate the level of safety and comfort for each client based on their individual needs.

Though existing spaces and programs may never be perfect, improvement is an ongoing process. Clients' thoughts and concerns around safety and confidentiality are core priorities in planning the way forward. The collaboration understands that safety (or feeling safe) is a factor that can hinder someone from seeking help and support.

Strategic Planning Process

After the Needs Assessment Report was approved by Office on Violence Against Women, the report was shared with the collaboration organization's leadership, staff, board members and advisory boards. The Needs Assessment Report was also made available to any individual that participated in the Needs Assessment.

In late July 2019, the OVW technical assistance team, Vera, conducted a Strategic Planning virtual site visit. During the two-day training, the collaboration was represented by DCS Executive Director, DCS Clinical Director, SDRRC Manager of Forensic and Behavioral Health Services, CCS Chief Operating Officer and the Project Manager. The Partnership members have revisited the key findings, examined the recommendations vs. the identified gaps, and began developing a plan on how to best implement the findings into sustainable systemic change for D/HH survivors and those living with IDD.

The collaboration realizes that addressing all the issues that came up in the Needs Assessment in short-term activities, is not possible. Therefore, in this plan, the Partnership chose to focus heavily on revising policies and procedures in addition to other activities. This direction sets the foundation to enable the rest of the required changes to happen in the right sequence. It also allows smooth and sustainable systematic shifts among the collaboration agencies.

The collaboration acknowledges the voices of clients and staff, and will engage them to determine which modality works best when implementing a specific activity. Therefore, some of the Key Activities have already assigned working groups and some will determine upon implementation whether to assign a taskforce or a working group depending on the staff suggestions.

With the support of Vera Institute of Justice, the collaboration was able to develop three major initiatives along with its key activities and action steps per activity.

Strategic Planning Initiatives

Initiative #1

Create empathic, empowering services that increase access to, and engagement with, Partnership agencies.

This initiative focuses on Key Findings #1 and #2, which address trauma informed care as part of each agency's practices, services, and communication. It also addresses the knowledge gap surrounding the meaning of domestic violence and sexual assault, their different forms, and barriers for survivors who are D/HH or living with IDD, taking into consideration the intersectional needs that each survivor may have.

The main focus areas of this initiative will create written and visual materials that are accessible to survivors who are Deaf, Hard of Hearing and living with IDD. These materials will be the core DV/SA customized materials that the collaboration will utilize to enhance the understanding of DV/SA for people with intersectional needs.

This initiative timeframe is (10 months) and has three main key activities:

Activity 1.1

Create materials that support the understanding of what is DV/SA.

Clients either delayed services or never sought them because they did not identify what they were/are experiencing was/is domestic or sexual violence. As a primary concern and knowledge gap, it is a priority key activity. As such, the Partnership will review some agency materials and adapt them to be more comprehensible and accessible to the people we seek to serve. Specifically, we will review any available educational materials about the dynamics of domestic and sexual violence at each agency and adapt them into pictorial guides, plain language and user friendly for each client group represented. We will use materials developed from other grants as well as draw upon the expertise of relevant subject matter experts in each agency.

This key activity will be implemented throughout a working group that will be formed by the three agencies' staff and clients. The number of participants will range from five to ten.

The selected group will be responsible for the implementation of this activity; they will research existing materials, select specific ones, and start to adapt per the unique needs of each population. The group will work in consultation with the main collaboration group members.

The anticipated outcome of this activity is to enhance each agency's accessibility through communication methods that are responsive to survivors who are D/HH or living with IDD. The aim is to create printed and electronic materials to enable survivors to engage with and understand DV/SA, how to ask for help, and where to seek services.

The materials will support staff to further acknowledge and incorporate intersectionality need(s) and how to best respond to different survivors in the event of sexual or domestic violence.

The expected timeframe for this activity is 9 months.

Activity 1.2

Create Materials in Plain Language and ASL to be uploaded to Partnership websites.

This activity connects with Activity #1 and responds to the finding that most people sought information for services or about domestic and sexual violence online, and that many clients are not aware of DV/SA services in the first place.

While some survivors indicated that they knew about D/HH and IDD services through the internet, others expressed that they did not know about the services of the DV/SA organization until they reached out to law enforcement, forensic exam provider, or courts.

Seeking information online was the primary strategy that clients mentioned when trying to find services. This activity focuses on increasing each agency's visibility to clients by adapting to clients' cultures through the utilization of plain language materials and ASL vlogs.

This activity aims to create materials in communication methods that are most effective for people who are D/HH and/ or living with IDD. We will use ASL and plain language to increase awareness about DV/SA and to inform each population about the available services, and the available services from the three collaboration agencies' websites and social media platforms.

The activity will also support the continuing education materials for staff. It will ensure that all existing and new staff are exposed to/aware of the information and respective accommodation policies or practices. The collaboration will plan this activity together. For the vlogs, DCS will be the main implementing partner with the support of CCS and SDRC. The objective is to increase awareness to all clients, staff, and people seeking services for DV or SA who are D/HH and/or living with IDD.

The vlogs will introduce content in three series. The series will present educational information on DV/SA in plain language and ASL. The vlog series aim to engage individuals and support their understanding of DV/ SA, and where and how to seek help or find services.

The final product of the vlog series will be uploaded to all the collaboration agencies' websites and media platforms. This requires technical web-hosting consultation and permissions to upload both vlogs and materials.

The ultimate outcome of this activity is to create sustainable and responsive survivor-centered outreach methods that are fully inclusive, responsive and engaging to all DV/SA survivors who are D/HH or living with IDD.

The expected timeframe of this activity is 11 months.

Activity 1.3

Create inter-agency core group/task force to respond to individual intersectional needs.

The request for a clear referral process or system is one of the major key findings across the collaboration agencies. Staff are unclear how and where to refer a survivor who is D/HH and/or living with IDD. Staff also indicated that they lack the comfort and the knowledge-base for serving clients with intersectional needs.

Although diversity is a strength in any community, culture and one's identity(ies) are also a challenge to both clients and staff when attempting to adequately respond to intersecting needs. For many people, seeking services from places that understand or embrace their culture(s) and/or identity(ies) is important. On the other hand, staff shared their lack of knowledge of varied cultural settings, and how that could affect providing quality services to all survivors with intersectional needs.

The collaboration believes that culture is part of every person's identity; hence, a holistic approach that incorporates understanding of these aspects is necessary. Without such knowledge, clients may be funneled to services that are not responsive to their needs, or possibly not served at all, because the staff missed the opportunity to support them properly.

Although trainings are essential, the collaboration believes that building staff capacity and their cultural competency will be done in many different ways. Therefore, this activity focuses on establishing a direct referral connection by creating points of contact (POCs) among the collaboration agencies. The group of POCs will meet regularly to discuss and ensure that the referral process is accessible and meets the need of all survivors at the three agencies.

The collaboration believes that by getting the staff of the three agencies together, the staff will learn through hands-on practices, share knowledge and expertise, and exchange information. Additionally, the practice will enhance the support of survivors smoothly and equally across the collaboration agencies.

When developing the protocols for staff nomination, selection and the establishment of the group, the collaboration members will ensure that every task and detail is met and accomplished according to the agreed upon work plan.

After the group is assigned, the group will be responsible for the assigned tasks. This group will develop an action plan of the interagency practices and referrals across the three organizations as per the tasks detailed in the Annex. The collaboration will have a guidance and advisory role through quarterly meetings, as required by the group.

The main objective of this activity is establishing points of contacts (POCs) in each of the three organizations to improve service referrals and information exchange, paying particular attention to intersectional needs.

The expected timeframe to achieve this activity is 12 months.

Initiative #2

Create services that are safe, confidential, and remove existing barriers for survivors who are living with IDD, and/or D/HH.

This initiative focuses on three major factors of safety, confidentiality, and accessibility to services which Key Findings # 5, 6, and 8 addressed. The main objective of this initiative is to bridge the gaps of service provision by revising policies and procedures.

The aim is to create possible solutions and best practices that remove existing barriers for all survivors who are D/HH and living with IDD.

The initiative will address barriers through four main activities, which will improve language accessibility, mandatory reporting practices, confidentiality and safety, and access reviews through policy and procedures revisions.

The timeframe of these activities collectively is 12 months.

Activity 2.1

Review Language Policy and Procedure.

Although federal and state laws require all people to access and receive services using effective communication, many clients indicated frustration with service providers when using interpreting services for spoken and sign languages. Many of the clients, especially people who are D/HH and/or living with IDD, stated they did not approach or engage services for this reason.

Therefore, the collaboration will approach this gap through language access policy revisions across the three agencies. The aim is to bridge the communication gap through plain language to illuminate universal access by

ensuring policies and procedures provide adequate accommodation for all survivors equally.

This activity will be implemented by the collaboration members. The activity includes: collect language access policies and procedures across the agencies; review all documents; engage staff for suggestions and comments; establish best practices through policy and/or procedure amendments; adapt and communicate the outcome with all staff at three agencies.

The ultimate objective is to improve survivors' language access accommodations through best practices by revising policies and procedures. The aim is to increase survivors' accessibility to the collaboration agencies' services through a linguistically welcoming, efficient, and responsive environment.

The timeframe of this activity is 12 months.

Activity 2.2

Review Confidentiality Policies and Procedures.

The Partnership seeks to accommodate the level of safety and comfort for each client based on their individual needs. Clients' thoughts and concerns around safety and confidentiality are core priorities in planning and implementation. The collaboration must review and/or amend policies to ensure that staff are clear about the process and can communicate it clearly to the survivors seeking services.

The Partnership recognizes that working with vendors, such as interpreters, may also impact client confidentiality. Additionally, varied mandated reporting practices and requirements impact client confidentiality. Therefore, this activity examines all confidentiality barriers from a policy and procedural lens. The aim is to create services that are client-centered and embrace safety and confidentiality in ways that meet clients' needs and comfort.

The objective is to create best practices and mitigate barriers to achieve the optimum level of comfort and safety for all survivors when seeking support.

This also includes their ability to make autonomous decisions with all the information available to them.

The collaboration members will work to achieve all the deliverables of this activity together. The activity includes policy and procedure revisions, identification of barriers, mitigation of barriers, and establishes best practices for further adaptation across the agencies.

This activity timeframe is 12 months.

Activity 2.3

Review Mandatory Reporting Policies and Practices in the Event of DV/SA.

Within the Partnership, the mandatory reporting practice and requirements vary depending upon staff roles. This variation creates challenges when serving a DV/SA survivor and may be a barrier to a person seeking services.

In order for the Partnership agencies to serve survivors more holistically, clarity of mandated reporting across each agency's staff is very important. Staff at the Deaf and IDD agencies in particular are unclear on how to best support a survivor given the potential limitations and legal mandates within their roles.

Staff at SDRC and DCS are mandatory reporters, while CCS has different³ mandatory reporting considerations. In all three agencies, however, staff are unclear on how to support survivors without violating confidentiality and upholding their mandated reporting role.

As such, The Partnership will seek to comply with the statutes and agency policies in a way that will still center and empower the survivor.

This activity will examine the barriers, interventions, and trauma-informed mitigations within mandatory reporting policies and procedures. The ultimate goal is to establish best practices that seeks to mitigate the burden of the

³ California Evidence Code Sections 1035-1036.2 and 1037.1-1037.2, which define the terms "Domestic Violence Counselor" and "Sexual Assault Counselor" and their roles of data protection under which the communication between victim counselors and clients is confidential.

survivor, while having the secondary gain of providing clear guidance to the staff to support the client when DV/SA may be involved.

The collaboration members will implement this activity together. The activity will include cross policies and procedures revisions, mitigation options, establish best practices with needed reviews and approvals.

Given the importance of this activity, collaboration leadership will communicate the outcome of this activity with all staff at the three agencies. Also, the outcome of this activity will be part of the info sessions led in Initiative #3.

The time frame of this activity is 12 months.

Activity 2.4

Access and Safety Review.

The collaboration partner agencies strive to find immediate solutions to ensure a safe and accessible environment to all survivors equally, including survivors who are D/HH and/or living with IDD.

This activity focuses on enhancing survivors' accessibility and safety by conducting a safety and access review at four different sites from the three organizations. The activity includes creating a review team then assigning roles and responsibilities for them to undertake the review and evaluation process. The activity will also include choosing or creating a tool to be adopted by the collaboration.

The collaboration will create a barrier removal plan following to the access reviews and a Safety Enhancement Plan following the safety reviews.

The collaboration will choose one site from SDRC that will be the agency's main office site that hosts the largest number of staff and the greatest amount of public and client traffic, the DCS headquarters that hosts the largest number of staff and clients, and two sites from CCS being one business office and one shelter where we serve the greatest amount of clients.

Both documents (the safety and access review tools and the barrier removal safety enhancement plans) will be shared with Vera for review and submitted to OVW for approval. Once the activity outcome is approved, the collaboration will communicate the results with all staff and implement the barrier removals and safety enhancements.

The timeframe of this activity is 12 months.

Initiative #3

Build and increase staff capacity, knowledge and comfort to timely serve survivors who are living with IDD and/or who are D/HH, including those with guardians.

The substantial range and variety of training needed was clearly indicated in the focus group responses, as outlined in Key Findings 3, 4, and 7, which address staff knowledge on how to assess and respond to survivors with intersectional needs, how to provide timely services and referrals, and survivors rights vs. the role of the conservator/ guardian in the event of DV/SA.

This initiative seeks to increase staff knowledge and comfort, which can take many forms. The collaboration partners, upon review of past practices and recent training, determined that traditional cross-training could only be effective when coupled with additional initiatives to build staff capacity.

Though the partner agencies had participated in cross-training a year prior to the needs assessment, staff still reported that they lacked knowledge and comfort. The cross-training “didn’t work.” This could be for a variety of reasons: staff were not able to attend a session, the training did not meet their needs, or staff require ongoing training and practice to maintain the information learned.

Therefore, the collaboration will address this initiative in a more systemic, and possibly organic, way of interacting with one another, and learn from one another on a regular basis. This initiative uses the term “knowledge exchange” as the major activity, starting with staff’s most pressing need of understanding mandatory reporting in the event of DV/SA. Mandatory reporting will be the first knowledge exchange training. For the remaining

series of trainings, the Partnership will determine the next priority topic area, then adjust how and when to start the ongoing training series. The collaboration believes that in order to maintain long-lasting and sustainable change, the information flow has to be slowly, firmly, and consistently in a building block format.

This initiative focuses on two main activities and the timeframe is 8 months.

Activity 3.1

Prepare/ Develop A Cross-Training Plan.

Direct service staff and supervisors at all agencies expressed a lack of knowledge about partner agencies, services provided, and available resources. Though some training methods are not successful, enhancing knowledge and cross-training are critical for capacity building while also establishing relationships among collaboration partners.

The collaboration will develop a detailed training plan that outlines the priority topics, the sequence of the trainings and sessions, what to require as a mandatory training and what could be an ongoing training option, who would provide what trainings and when, and how to design or amend the existing curriculum. All these details will be discussed and presented in one product of this activity which is the Collaboration Cross Training Plan (CCTP).

To implement this activity, the Partnership will invite staff responsible for capacity building and training from all three agencies to create an inclusive and responsive training plan. The aim is to enable the collaboration to determine priorities, topics, to when, who and how. The objective is to create a cross-training plan that is responsive, tangible, ongoing, and agreed upon all agencies.

The second objective of this activity is to create ongoing information sessions for staff in the three agencies. The collaboration will prioritize mandatory reporting and staff roles in the event of DV/SA as the first information session to start with. This information session will be the

foundation of the Mandatory Reporting training in procedural mitigation and policy review. Which will be part of the cross-training plan.

This activity will be implemented in 11 months.

Activity 3.2

Create an interagency information network.

As stated earlier, the collaboration believes that raising awareness and capacity building through knowledge-sharing and exchange of information among the staff is essential for responsive service provision.

This activity will focus on preparing an online platform for all staff that is useable, accessible, and informative to every staff member in the three agencies. This platform will ensure the safety of information and the possibility to share/ upload visual and written materials on the secure, non-public platform. Staff will not be using this platform for any service provision purposes or to share of any confidential information.

This activity enhances knowledge exchange through sharing of best practices and allows for an exchange of staff ideas and suggestions. Although that staff will not use this platform for any service provision, or sharing any confidential information, the platform itself may strengthen the bond among the three organizations staff and facilitate smooth communication to serve all D/HH and/or survivors living with IDD. It may take the form of a listserv, or a closed Facebook group, or a slack channel.

The collaboration will engage its staff on the best method preferable, then will establish the platform to include everyone.

This activity timeframe is 6 months.

Long Term Initiatives

On the short-term initiatives, the collaboration chose to focus on reviewing and revising its policies and procedures in order to expand staff knowledge and broaden capacity building at the three agencies, in addition to some concrete new practices and creation of materials.

Through the preparation of the Strategic Plan, the collaboration realized that addressing all the issues that came up in the Needs Assessment in a short-term initiative is not possible. Therefore, the Partnership, with the support of the technical assistance provider, Vera, established two major goals that will extend beyond the lifespan of this grant.

The policy and procedure review and revisions will assist the collaboration to determine what to include in its training plan, who to be trained, what should be set as mandatory training, and what should be included in ongoing training. Furthermore, the Partnership will use the information to prepare quality, comprehensive training curricula that enhance staff capacity and knowledge and respond to the needed changes at the three agencies.

Long-Term Initiative #1

Increase capacity building of all staff through the creation and implementation of a sustainable training plan and knowledge exchange of personnel.

In the short-term initiative, the collaboration will develop an inclusive training plan to address different topics as per the need highlighted in the Needs Assessment. The collaboration will determine which trainings will be mandatory and which will be included in ongoing trainings.

Mandatory reporting and confidentiality are topics that will be addressed in the training plan as one of the essential trainings. Furthermore, trainings will include how to incorporate elements of intersectionality and responding to culture and identity.

The role of the conservator/guardian will require further discussions to enable the collaboration to build a useful training curriculum that will respond to various survivors' scenarios in the event of DV/SA, and prepare the collaboration's staff for the required action and support. In this long-term initiative, the collaboration will work together to prepare/create responsive and customized trainings curriculum.

Long-Term Initiative #2

Include new partner organizations to support further accessibility and survivor-centered services.

One of the major Key Findings that came up in the Needs Assessment, is the lack of community-based trauma-informed support when engaging with DV/SA survivors, particularly those who are D/HH and/or living with IDD.

The most noted challenging community-based services were reported to be with law enforcement and the forensic exam provider. Due to the overwhelming concerns from clients, and how strongly connected services are with community partners, the Partnership affirmed the importance of including these partners in systemic sustainable change.

Because clients spoke so clearly and emphatically that they be met with empathy, support, and empowerment the first time they seek services, the collaboration believes that including law enforcement in a long-term initiative is necessary.

As such, the collaboration plans to build on its existing partnerships with law enforcement in San Diego. The collaboration aims to pilot a long-term initiative that enhances the trauma-informed capacity and cultural humility of law enforcement staff.

The objective is to model a community-based DV/SA partnership that will increase a survivor-centered accessibility of services, and allow smooth referrals among the partner agencies to best serve all survivors equally.

Conclusion

The Partnership is very enthusiastic to start the implementation of its initiatives. The collaboration believes that these initiatives will improve the existing services and create additional opportunities to equally support all survivors who are D/HH and/or those living with IDD.

The Partnership believes that the outlined initiatives will be the cornerstone for long-lasting and sustainable systematic change at each of the three organizations, and in San Diego at large. These initiatives will give survivors who are D/HH and/or living with IDD the same opportunity that all other survivors have when seeking safe, accessible, and welcoming services.

The collaboration believes that by this set of initiatives, the Partnership will be able to enhance survivors' healing experiences and make the required difference and positive impact to everyone equally.

The Partnership would like to thank Office on Violence Against Women for providing the opportunity to make the required changes ensuring quality services to all survivors. Also, The Partnership would like to seize the opportunity to thank OVW technical assistance provider, Vera, namely Jannette Brickman, for her continuous dedication and valuable support to the collaboration.

ANNEX

Survivors' AccessAbility Collaboration

Initiative 1: Create empathic, empowering services that increase access to, and engagement with, Partnership agencies.		Who is responsible?	Timeline (months)												Relevance Key Findings
Activities		Lead	1	2	3	4	5	6	7	8	9	10	11	12	
1.1 Create materials that support the understanding of what is DV/SA.															
1.1.1 Create working group	Collaboration	X													
1.1.2 Identify what material(s)	Working group	X													
1.1.3 Research existing materials	Working group	X													
1.1.4 Select materials for revision/adaptation/creation	Working group	X													
1.1.5 Revise/adapt/create materials for each population	Working group		X												
1.1.6 Send materials to collaboration core group for feedback	Collaboration		X	X											
1.1.7 Make revisions	All			X											
1.1.8 Identify mechanisms for soliciting feedback and input from clients	Working group				X										
1.1.9 Receive feedback from clients	Working group				X	X									
1.1.10 Make revisions	Working group					X									
1.1.11 Send to collaboration for finalizing materials	Collaboration						X								
1.1.12 Send to Vera for feedback	PD							X							
1.1.13 Make any necessary revisions	All									X					
1.1.14 Submit to OVW for approval	PD										X				
1.2 Create Materials in Plain Language and ASL to be uploaded to Partnership's websites															
1.2.1 Identify goals for the materials	Collaboration	X													
1.2.2 Identify critical information needed	Collaboration	X													
1.2.3 Select content and determine numbers of vlogs	Collaboration	X													
1.2.4 Research existing materials/content/time	Collaboration		X												
1.2.5 Create budget for vlogs	CCS	X													
1.2.6 Identify signers/ Hire	DCS		X	X											
1.2.7 Identify Deaf coach	DCS	X		X											
1.2.8 Develop Scripts	Collaboration			X											
1.2.9 Scripts finalized and reviewed for plain language	Collaboration			X	X										
1.2.10 Share with Vera for comments	PD				X										
1.2.11 Finalize and send to OVW for approval	PD					X	X								
1.2.12 Film vlogs	DCS					X	X								
1.2.13 Hire voicers	DCS					X	X								
1.2.14 Edit vlogs	DCS with all					X	X								
1.2.15 Caption vlogs	DCS with all							X							
1.2.16 Webmaster permission/process to upload vlogs/materials	All							X							
1.2.17 Vera to review	PD								X						
1.2.18 Revisions if necessary	Collaboration								X						
1.2.19 Submit to OVW for approval	PD									X					
1.2.20 Upload to all websites	Collaboration										X	X			
1.3 Create inter-agency core group/task force to respond to individual intersectional needs															
1.3.1 Determine whether to create TF or POCs	Collaboration	X													
1.3.2 Determine skill set need for core group/task force members	Collaboration	X													
1.3.3 ID which position/personnel to recommend to group	Collaboration	X													
1.3.4 Create roles and responsibilities of core group members	Collab. & Group		X												
1.3.5 ID mechanism for support and alternatives for streamlined support	Collab. & Group		X												
1.3.6 Create an action plan to impl.id mechanism (referral or resource guide)	Group			X											
1.3.7 Get feedback from the collaboration	Collab. & Group				X										
1.3.8 Submit material for Vera for feedback	PD					X									
1.3.9 Making necessary revisions	Collab. & Group					X									
1.3.10 Submit to OVW for approval	PD							X							
1.3.11 Track accommodations/DV/IDD (effectiveness)	Collab. & Group							X	X						
1.3.12 Schedule quarterly check ins for core group to get feedback from staff	Collab. & Group		X			X		X		X				X	

Initiative 2: Create services that are safe, confidential, and remove existing barriers for survivors who are living with IDD, and/or D/HH.		Who is responsible?	Timeline (months)												Relevant Key
Activities			1	2	3	4	5	6	7	8	9	10	11	12	
2.1 Review Language Policy and Procedure															5,6 & 8
2.1.1 Create/revise language policy & procedures across the collaboration	Collaboration	X													
2.1.2 Collect relevant polices amongst the collaboration	Collaboration		X												
2.1.3 Identify communalities and suggest amendments accordingly.	Collaboration		X	X											
2.1.4 Review the suggested amendments internally and include other feedback.	All			X	X										
2.1.5 Final review, approvals when necessary	Collaboration					X									
2.1.6 Send for Vera for review and further comments	PD		X				X								
2.1.7 Submit to OVW	PD								X						
2.1.8 Communicate the outcome with all staff in the three agencies	All									X	X	X	X		
2.2 Review Confidentiality Policies and Procedures			1	2	3	4	5	6	7	8	9	10	11	12	
2.2.1 Collect and review policies of the three organizations	Collaboration			X											
2.2.2 Identify barriers and communalities from the key findings	Collaboration			X	X										
2.2.3 Identify potential mitigation practices and suggestions	Collaboration					X									
2.2.4 Create a list of suggestions and review internally	Collaboration					X									
2.2.5 Send for internal final review and approval if necessary	Collaboration					X	X								
2.2.6 Send to Vera for review and further comments	PD								X						
2.2.7 Submit the suggestions to OVW for final approval	PD									X					
2.2.8 Adopt the change and communicate the outcome with all staff	All										X	X	X		
2.3 Review Mandatory Reporting Policies and Practices in the Event of DV/SA			1	2	3	4	5	6	7	8	9	10	11	12	
2.3.1 Collect and review policies of the three organizations	Collaboration	X	X	X											
2.3.2 Identify barriers and communalities from the key findings	Collaboration			X	X										
2.3.3 Identify potential mitigation practices and suggestions	Collaboration					X									
2.3.4 Create a list of suggestions and review internally	Collaboration					X									
2.3.5 Send for internal final review and approval if necessary	Collaboration					X	X								
2.3.6 Send to Vera for review and further comments	PD			X					X						
2.3.7 Submit the suggestions to OVW for final approval	PD									X					
2.3.8 Adopt the change and communicate the outcome with all staff (info session)	All										X	X	X		
2.4 Access and Safety Review			1	2	3	4	5	6	7	8	9	10	11	12	
2.4.1 Create a review team (clients and staff).	Collaboration				X										
2.4.2 Identify who will do what (roles and responsibilities).	Group				X										
2.4.3 Identify sites (pilot imply.) 4 in total.	Group				X										
2.4.4 Choose a tool/ adapt or create one.	Group					X									
2.4.5 Review the outcome/ product by the collaboration.	Collaboration					X									
2.4.6 Send for internal review and approvals if necessary.	Collaboration					X	X								
2.4.7 Review cost for remaining barrier and draft barrier removal plan	CCS & Collab							X							
2.4.8 Send outcomes to Vera for final review.	PD								X						
2.4.9 Submit to OVW for final approval.	PD									X					
2.4.10 Adopt the change and communicate the outcome with all staff.	All										X	X	X		
Initiative 3: Build and increase staff capacity, knowledge and comfort to timely serve survivors who are living with IDD and/or who are D/HH, including those with guardians.		Who is responsible?	Timeline (months)												Relevant Key
Activities		Lead	1	2	3	4	5	6	7	8	9	10	11	12	
3.1 Prepare/ Develop A Cross Training Plan.															3,4 & 7
3.1.1 Identify topics and prioritize them, knowing that mandatory reporting is first priority.	Collaboration					X									
3.1.2 Invite relevant personnel from each agency for input.	Group					X									
3.1.3 Develop a cross training plan.	Collaboration						X								
3.1.4 Discuss suggestion with Vera and send to OVW for approval	PD								X						
3.1.5 Conduct an info session (lunch and learn)	Collaboration									X					
3.1.6 Choose second priority topic to deliver to all (info session).	Collaboration										X				
3.1.7 Discuss suggestion with Vera and send to OVW for approval	PD										X				
3.1.8 Conduct an info session (lunch & learn)	Collaboration											X			
3.2 Create an inter-agency information Network															
3.2.1 Choose the best method of communication among the three agencies	Collaboration			X	X										
3.2.2 Share options and suggestions with Vera	PD					X									
3.2.3 Submit to OVW for approval	PD					X									
3.2.4 Create the platform and invite all staff to join.	Collaboration					X									